2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE;

Jan 25, 2007 8:00 am DOCUMENT # K70449 **Secretary of State** 1. Entity Name 01-25-2007 90052 018 ***150.00 FRED SMITH REALTY, INC. Principal Place of Business Mailing Address 180 N. INDIANA AVENUE ENGLEWOOD FL 34223 180 N. INDIANA AVENUE ENGLEWOOD FL 34223 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKINSON, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 460 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or preited name of registered agent and title - applicable (NOTE: Registered Agent signalure required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HIII 001 ☐ Change ■ Addition ☐ Delete SMITH, FRED NAMI NAMI 10462 GRAIL AVE STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL 34224** CHY ST ZIP CHY SL ZIP Виц Delcic Change ☐ Addition NAMI NAME STREET LADDRESS STIRL LADORESS CHY SE 7IP CHY SL ZIP ☐ Change HILE Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY SL 7/P CHY ST ZIP Change ☐ Addition 11111 Defete 11111 NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CHY ST ZIP Change Addition ☐ Delete NAMI. NAME STREET ADDRESS STRULL ADDRESS CHY SL 7P CHY ST ZIP Delete ☐ Change ☐ Addition JIIII IIII NAME NAME. STREET ADDRESS STREET ADDRESS CHY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED